

# State Employees Charitable Campaign

NAME	EMPLOYEE IDENTIFICATION NUMBER	HOME ZIP CODE
STATE AGENCY	PAYROLL CONTROL GROUP	

Complete sections A and B and sign

## A CONTRIBUTION

I choose payroll deductions (26 pay periods) of the following amount per pay period. Campaign Year \_\_\_\_\_

- ☐ \$2.00      ☐ \$10.00  
☐ \$5.00      ☐ \$20.00  
☐ \$\_\_\_\_\_ other payroll deduction  
☐ \$\_\_\_\_\_ Supergiver (One hour of pay per pay period)  
☐ \$\_\_\_\_\_ Leadership (\$38.47 or more per pay period)  
☐ I would like to be recognized as a Leadership/Supergiver

Any gift under \$1 per pay period must be given as a one time donation.

- ☐ I choose to make my one time gift by cash/check for \$\_\_\_\_\_

## B DONOR CHOICE

Designations are confidential

Direct my contributions to: Review your SECC brochure and complete section below

SECC Code \_\_\_\_\_ Total annual amount \$ \_\_\_\_\_  
SECC Code \_\_\_\_\_ Total annual amount \$ \_\_\_\_\_  
SECC Code \_\_\_\_\_ Total annual amount \$ \_\_\_\_\_

X

Date: \_\_\_\_\_

Employee signature required for payroll deduction

Copies: Top Copy to SECC Office, Bottom Copy to Employee

To donate on line, please go to [www.azsecc.com](http://www.azsecc.com) for instructions.



Thank You!

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